



### CREDIT CARD AUTHORIZATION FORM

Company Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Type: ☐ MasterCard ☐ Visa ☐ American Express

Card Number: \_\_\_\_\_ Circle one: Personal / Business

Expiration Date: \_\_\_\_\_ CSC: \_\_\_\_\_ (MC, Visa 3 digits on back. AMEX 4 digits on front.)

Alternate contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

I, the primary credit card holder, agree and permit All Ways Limo & Sedan SVC to charge the credit card account listed above for full payment of the requested service(s) ordered in person, or via phone, email or fax, by me or the "alternate contact" listed on this form.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for choosing All Ways Limo & Sedan SVC. We sincerely appreciate your business.*